The MT Laboratory Sentinel

Updates from the MT Laboratory Services Bureau
10/30**/09** **http://healthlab.hhs.mt.gov/**

Eye on Pandemics

Influenza Guidelines
MT Public Health Laboratory

- **Timing of Specimen Collection for Influenza**

  The optimum time to collect specimens for Influenza testing is within the first 3 days of onset of illness. This is when the virus is being actively shed, and increases the likelihood of a positive result.

  RT-PCR is more sensitive than rapid testing, but specimens collected after more than 7 days of onset may not yield a positive PCR result, even if the patient was infected with Influenza.

- **Laboratory Testing Algorithm**

  All specimens for Influenza testing received in the Montana Public Health Laboratory are first screened for Influenza A, as this universal RT-PCR will detect all Influenza A subtypes. If the Influenza A screen is positive, then the specimen is subtyped for the presence of 2009 H1N1, seasonal H1, and seasonal H3. If the Influenza A screen is "Not Detected", the specimen is then tested for the presence of Influenza B prior to a final report.

  No testing specifically for 2009 H1N1 is performed without a positive Influenza A PCR screen.

- **Laboratory Workload Numbers**

  See the graph and data at MTPHL's website: http://www.dphhs.mt.gov/PHSD/Lab/environ-lab-index.shtml

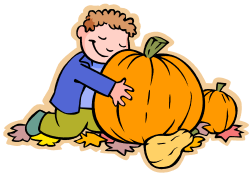
The Effect of Our Surroundings on Body Weight

Obesity is a "global epidemic," according to the World Health Organization. Two thirds of American adults and one third of school-age children are either overweight or obese (defined as extremely overweight). These proportions have been rising steeply, report the latest surveys. From 1960 to 2002 the population of overweight and obese adults increased by roughly 50 percent, and the corresponding increase for children was 300 percent.

Compounding the problem, obesity rates in other countries are rapidly approaching those in the U.S.

What is causing this pandemic, and what can we do about it? Researchers have provided some tentative answers that fly in the face of commonly held beliefs. They suggest that the increase in obesity may be a result of environmental changes that tempt us into unhealthy habits and tend to overwhelm our psychological defenses against consuming too much and succumbing to fattening fare. In fact, environmental cues can exacerbate any innate tendency to use food as a balm for jittery nerves or sadness. Thus, many health experts advocate legislation—for instance, a tax on junk food—that promotes healthy eating. Others are trying to help individuals change their immediate eating milieu in ways that discourage overeating.

http://www.scientificamerican.com/article.cfm?id=the-effect-of-our-surroundings-on-body-weight



MT PUBLIC HEALTH LABORATORY

Please call 800-821-7284

On Weekends

And

after 5:00 pm Weekdays

*This is the only telephone number which is **transferred to the Answering Service** during these time periods.*

Montana Public Health Prevention Opportunities Under The Big Sky

Overweight and obesity are major risk factors for type 2 diabetes, cardiovascular disease, asthma, some cancers, pregnancy complications and infertility in women. Obesity is also associated with depression and diminished quality of life.

This report utilizes data from the Montana Behavioral Risk Factor Surveillance System (BRFSS) survey to describe the prevalence of overweight and obesity among Montana adults.

Overall the prevalence of obesity reported by Montana adults increased from 14% in 1996 to 24% in 2008.

For more information and to read other articles go to: http://www.dphhs.mt.gov/PHSD/prevention_opps/MT-PH-prevent-opps-newsletters.shtml

MT Communicable Disease Update as of 10/30/09

This newsletter is produced by the Montana Communicable Disease Epidemiology Program.
Questions regarding its content should be directed to 406.444.0273 (24/7/365).
http://cdepi.hhs.mt.gov

DISEASE INFORMATION

Summary – Week 41 & 42 – Ending 10/17/09 and 10/24/09 – Disease reports received at DPHHS during the reporting period October 11-24, 2009 included the following:

- Vaccine Preventable Diseases: Pertussis (2), Varicella (8)
- Enteric Diseases: *Campylobacter* (10), non 0157 STEC (1), Giardia (7), *Salmonella* (3)
- Other Conditions: None
- Travel Related Conditions: None

NOTE: The spreadsheets have multiple pages, each indicated by a tab in the bottom left corner. Tabs on the worksheet reflect the following: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases; (3) cases just this week; (4) clusters and outbreaks; and (5) an STD summary.

THE "BUZZ"

INFLUENZA During week 41 & 42 (10/11/09 - 10/24/09), influenza activity increased in the US. Flu activity is now widespread in 48 states. Nationally, visits to doctors for influenza-like-illness and influenza-related hospitalizations and deaths continue to increase steeply. 99% of all sub-typed influenza A viruses being reported to CDC were 2009 influenza A (H1N1) viruses. Updated information can be found at http://www.cdc.gov/flu/weekly/.

NEW! Activity in Montana – Activity in Montana continues at WIDESPREAD. The majority of influenza is 2009 H1N1 influenza A. *No other subtypes of **influenza A** are circulating at this time in Montana.* Anyone with a rapid test positive for influenza A can be assumed to have 2009 influenza A (H1N1). *Negative rapid tests for influenza A do not necessarily mean the person does not have influenza; sensitivity for these tests varies.*

Type B influenza has been identified in Montana. Please send specimens that are rapid test positive for influenza B to the Montana Public Health Laboratory for confirmation.

Please report all hospitalized cases and deaths due to influenza to the local health department who will then report to the state. Reporting form attached.

Peramivir is ordered directly from the CDC: http://emergency.cdc.gov/h1n1antivirals/

NEW! Updated information about influenza testing (instructions and volumes) in Montana can be found at: http://www.dphhs.mt.gov/PHSD/Lab/environ-lab-index.shtml.
Questions about influenza testing? 406-444-5526 or 1-800-821-7284 and select extension 5526

NEW! COUGHS – It is sometimes difficult to distinguish between coughs caused by different pathogens – especially when influenza and pertussis are co-mingling. ***Anyone with a cough of >14 days duration, an inspiratory whoop and/or post-cough vomiting or breathlessness should be tested for pertussis.*** Ensure appropriate treatment of cases and prophylaxis for close contacts. Ensure that school aged children are up-to-date on their vaccinations (including Tdap for those 11 – 18) and that adults 19 – 64 are receiving the Tdap vaccine for tetanus boosters, as appropriate. (http://www.cdc.gov/mmwr/PDF/rr/rr5517.pdf) **Use the *CDC Guidelines for the Control of Pertussis Outbreaks* for case investigation and follow-up.** (http://www.cdc.gov/vaccines/pubs/pertussis-guide/guide.htm)

NEW! Influenza New Guidance – New guidance was posted on the CDC web site last week for the following:
ACOG-AAFP-AMA-CDC Pregnancy Vaccination
http://cdc.gov/h1n1flu/clinicians/pdf/Dear_Colleague_FINAL.pdf
Free Resources for Encouraging Vaccination
http://www.cdc.gov/h1n1flu/freeresources.htm
Weekly Updates on Vaccine Status (Fridays)
www.cdc.gov/h1n1flu/vaccination/vaccinesupply.htm
Prevention of Secondary Pneumococcal Infections
www.cdc.gov/h1n1flu/vaccination/provider/provider_pneumococcal.htm
EUA for Use of Peramivir
http://www.cdc.gov/H1N1flu/EUA/peramivir_recommendations.htm
Order directly from CDC http://emergency.cdc.gov/h1n1antivirals/